

BOARD OF TRUSTEES
AGENDA

<input type="checkbox"/> Workshop	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Special
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(A) Report Only Recognition

Presenter(s):

Briefly describe the subject of the report or recognition presentation.

(B) Action Item

Presenter(s): ISMAEL MIJARES, DEPUTY SUPERINTENDENT FOR BUSINESS & FINANCE

Briefly describe the action required.

CONSIDER AND TAKE APPROPRIATE ACTION ON THE REQUEST TO AMEND THE GENERAL FUND BUDGET.

(C) Funding source: Identify the source of funds if any are required.

RE-ALIGNMENT OF FUNDS

(D) Clarification: Explain any question or issues that might be raised regarding this item.

SEE ATTACHED MEMORANDUM.

TO: Gilberto Gonzalez, Superintendent
FROM: Ismael Mijares, Deputy Superintendent for Business & Finance
SUBJECT: ***BUDGET AMENDMENTS***
DATE: November 3, 2015

Digitally signed
by Ismael Mijares
DN:
c=US, o=SmartEP
Date: 2015.11.06
10:27:23 -0600

This is the first of three (3) times during the year when principals and directors are allowed to submit budget amendments to transfer funds within their allocation. Attached are the General Fund Budget Amendments submitted by the campuses and departments.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
BUDGET CHANGE REQUEST

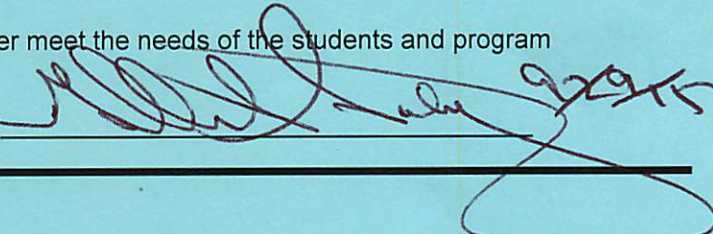
9/29/2015

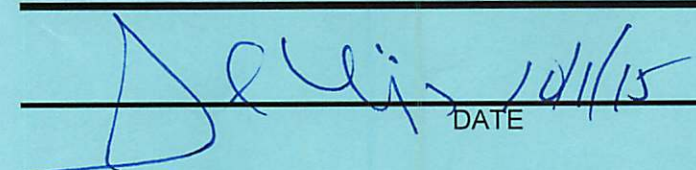
REFERENCE NO. 165 - Gifted & Talented

ACCOUNT NUMBER

FUND	FUNC.	OBJ	SUB-OBJ.	ORG.	PROG	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
165	11	63XX			6XX	GENERAL SUPPLIES	+	(\$2,000)
165	13	64XX			6XX	TRAVEL	+	(\$1,000)
165	21	63XX			6XX	GENERAL SUPPLIES	-	\$1,000
165	21	64XX			6XX	TRAVEL	-	\$2,000
								\$0

REASON FOR REQUEST: To re-distribute G/T funds to better meet the needs of the students and program

ORIGINATOR 

 DATE 10/1/15 SUPERINTENDENT DATE

FINANCE DATE BOARD OFFICER DATE

DISAPPROVAL: NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: NAME DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT
BUDGET CHANGE REQUEST

10/1/2015

REFERENCE NO. 166 - Bilingual

ACCOUNT NUMBER

FUND	FUNC.	OBJ	SUB-OBJ.	ORG.	PROG	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
166	11	61XX			6XX	SALARIES/WAGES	+	(\$16,449)
166	11	63XX			6XX	SUPPLIES & MATERIALS	-	\$24,250
166	13	61XX			6XX	SALARIES/WAGES	+	(\$2)
166	13	62XX			6XX	CONSULTANTS	-	\$10,682
166	21	63XX			6XX	SUPPLIES & MATERIALS	+	(\$19,481)
166	23	64XX			6XX	TRAVEL	-	\$1,000
								\$0

REASON FOR REQUEST: To re-distribute Bilingual funds to best meet the needs of the students & program

ORIGINATOR

[Handwritten Signature]
10/2/15

DATE

SUPERINTENDENT

DATE

FINANCE

DATE

BOARD OFFICER

DATE

DISAPPROVAL:

NAME

DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

NAME

DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

Date: Oct. 01, 2015 Reference No. _____

Account Number 167

FUND	FUNC.	OBJ	SUB- OBJ.	ORG.	PROG	DESCRIPTION	NOM	AMOUNT INCREASE/DECREASE	
167	11	61XX			6	22	Payroll Costs	-	12,000
167	13	64XX			6	22	Other Op Expenses	+	(10,000)
167	21	63XX			6	22	Supply & Materials	+	(2,000)
TOTAL:									-0-

REASON FOR REQUEST: BUDGET REALIGNMENT.

ORIGINATOR Ann Deanna Decker

[Signature] 10/6/15
DEPUTY SUPERINTENDENT DATE

[Signature] 10/09/15
SUPERINTENDENT DATE

[Signature] 10-9-15
FINANCE DATE

BOARD OFFICER DATE

DISAPPROVAL: _____
NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
NAME DATE

EAGLE PASS INDEPENDENT SCHOOL DISTRICT BUDGET CHANGE REQUEST

DATE: October 1, 2015

REFERENCE NO. 168-6 State Fund
Special Education Program

ACCOUNT NUMBER

FUND	FUNC.	OBJ.	SUB		YEAR	PROG. INTENT	DESCRIPTION	NOM	AMOUNT
			OBJ.	ORG.					INCREASE/(DECREASE)
168	11	61XX			6	XX	Overtime/Part Time Employee	-	2,000
168	21	64XX			6	XX	Travel & Subsistence-Employee	+	(2,000)
TOTAL :									

REASON FOR REQUEST: To realign the budget for the 2015-2016 school year.

ORIGINATOR D. Gonzalez 10/9/15

[Signature] 10/9/15
DATE

SUPERINTENDENT DATE

[Signature] 11-2-15
DATE

BUSINESS/FINANCE BOARD OFFICER DATE

DISAPPROVAL BY:

NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING:

NAME DATE

**EAGLE PASS INDEPENDENT SCHOOL DISTRICT
BUDGET CHANGE REQUEST**

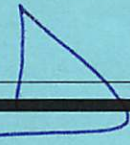
Date: September 29, 2015


Reference No. _____

ACCOUNT NUMBER

FUND	FUNC	OBJ.	SUB OBJ.	ORG.	YEAR	PROG INTENT	DESCRIPTION	NOM	AMOUNT INCREASE/(DECREASE)
169	11	61XX			6	XX	SALARIES	+	(60,000)
169	11	62XX			6	XX	PROFESSIONAL SERVICES	+	(6,000)
169	11	63XX			6	XX	SUPPLIES & MATERIALS	-	62,200
169	31	63XX			6	XX	SUPPLIES & MATERIALS	-	1,800
169	31	64XX			6	XX	TRAVEL & SUBSISTENCE	-	2,000
									-0-

REASON FOR REQUEST: Realignment of funds.

ORIGINATOR  9/29/15

 DATE 11-2-15
 FINANCE DATE

 SUPERINTENDENT DATE

 BOARD OFFICER DATE

DISAPPROVAL: _____
 NAME DATE

REASON FOR DISAPPROVAL:

PROCESSED BY ACCOUNTING: _____
 NAME DATE